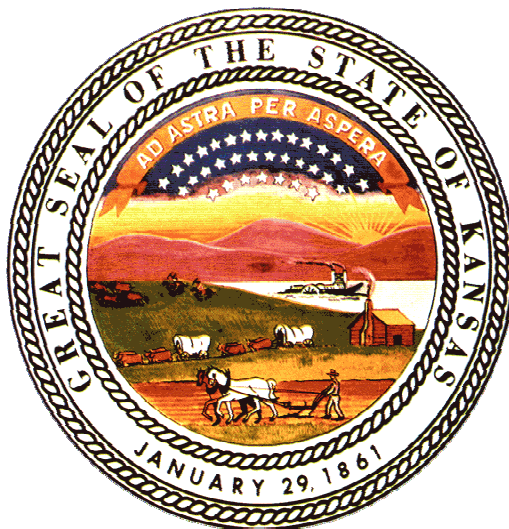


# KANSAS CREDENTIALING REVIEW PROGRAM

## MANUAL FOR APPLICANTS



Health Occupations Credentialing Program  
Bureau of Child Care & Health Facilities  
Kansas Department of Health and Environment

January 2004 - update

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## INTRODUCTION

The process for considering the credentialing of health care personnel in the state is detailed by Kansas Statutes Annotated (KSA) 65-5001 *et seq.* Administered by the secretary of the Kansas Department of Health and Environment, the "Kansas Credentialing Review Program" establishes that the applicant meets the definition of health care personnel and has submitted the appropriate documentation and fees to be accepted for credentialing review.

The 1986 legislature developed nine criteria for conducting an objective analysis of health care personnel seeking credentialing in Kansas. Through a structured evaluation, applicant information is gathered, analyzed, and a recommendation is made regarding whether the public's health, safety, and welfare are protected under current law or if the credentialing of the applicant is a necessary means for such protection. If credentialing is recommended, the report also indicates at what level the applicant group should receive credentialing.

A technical review committee acts as fact-finders on behalf of the secretary and the legislature, following specific criteria established in statute as well as rules and regulations established by the secretary. The nine statutory criteria pertain to the public's need for protection from the unregulated profession or occupation and what effects credentialing of the profession or occupation may have on society (effects on health care costs to consumers, practice of other professions, and the like).

The secretary is authorized to review and make a final report to the legislature which may or may not be consistent with the recommendations of the technical review committee. The state legislative bodies retain full authority for enacting any law with regard to credentialing. The credentialing program is advisory in nature.

Steps in applying for health occupations credentialing in Kansas:

1. Initial notice of intent Prior to submitting a credentialing application, the applicant must submit to the secretary a notice of intent to apply (KAR 28-60-2). Secretary either approves or denies application based on statutory and regulatory requirements.

2. Application and technical review Full application is submitted to the secretary and a technical review committee is convened to conduct a four-part review culminating with a report to the secretary.

3. Secretary's review and recommendation Technical committee's report and recommendation are reviewed by the secretary and a report, which includes the technical committee's report and a recommendation by the secretary, is made by the secretary to the legislative bodies. Both reports are advisory in nature and not binding upon the legislature.

4. Legislation An applicant group needs to prepare a bill for introduction to the legislature and the legislature determines the outcome of the credentialing request.

### Initial notice of intent

A notice of intent must be submitted directly to the secretary of the Kansas Department of Health and Environment. The letter must provide sufficient description of the applicant group to determine whether or not it meets the statutory definition of "health care personnel (KSA 65-5001)." The secretary may request additional information or clarification of information in order to make a decision on whether the profession or occupation consists of health care personnel (KAR 28-60-2).

The secretary must determine within 60 days of receipt of the notice of intent, and any additional information which is requested, whether application is (a) approved, or (b) denied. The applicant is given written notice of the decision.

(a) If the application is approved, the applicant continues to follow the prescribed application procedures.

(b) If the application is denied, the applicant may appeal the secretary's decision, in writing, within 60 days of receiving the written denial notice by the secretary. The appeal letter must contain the specific reasons the applicant disagrees with the decision of the secretary (KAR 28-60-2) and must be sent to the address listed under contact person on page seven. The secretary will then reevaluate the previous decision (KAR 28-60-2). If the secretary finds the profession or occupation does not meet the definition of health care personnel, the applicant shall not submit an application (KAR 28-60-2). If the profession or occupation is deemed by the secretary to meet the definition, an application may be submitted (KAR 28-60-2).

Applicant appeals which are not upheld by the secretary, after exhausting the review procedures in the Kansas judicial review act, will be considered denied; the applicant may not submit an application.

### Application and technical review

#### **Time frame.**

It takes approximately six months to complete each review once the technical review commences. In order for a fair and complete review to be conducted, proper notice must be provided 30 days in advance of each of the fact-finding meetings conducted by the technical review committee.

#### **Cost.**

Each accepted application must be accompanied by a fee of \$1,000 payable to the Kansas Department of Health and Environment. These monies are deposited into the state general fund. The fee applies to all applicants and is set in statute under KSA 65-5002(a).

#### **Proponents.**

Signatures of at least 100 Kansas residents (any person 18 years old or older who resides in Kansas) who support the application must accompany the application documents.

### **Technical review committee.**

Seven persons are appointed to the committee to examine and investigate each application referred by the secretary. Each member serves a one-year term. Each committee considers each application separately and not more than two applications per term.

### **Withdrawing an application.**

Applications may be withdrawn at any time during the credentialing review process by either (a) notifying the secretary of the applicant's desire to discontinue the process, or (b) ceasing to participate in the review process (such as declining to respond with information as requested by the technical committee, department staff or the secretary; not appearing before the committee). Each applicant that withdraws shall not submit a new notice of intent, application, or fee for one year from the date of the final report of the technical committee. If the applicant is considered to have withdrawn, the committee prepares its final report immediately. Each application already on file is reviewed before a reapplication of a previously withdrawn applicant is considered.

### **Meetings.**

The technical review includes four sequential proceedings including a full review of the application, analysis of information with regard to the statutory criteria, public hearing in consideration of proponents and opponents, and final findings and recommendations. Additional meetings may be held at the approval of the chair of the committee.

### Secretary's review and recommendation

The secretary, within 120 days after receiving the report and recommendations of the technical committee, shall prepare a final report for the legislature. Criteria established under KSA 65-5006 and 65-5007 and any amendments to these sections are applied in preparation of the final report. The final report includes the technical committee's review and report; however, the secretary is not bound to the committee's report or recommendation. The criteria as outlined in statute must be supported with clear and convincing evidence, more than hypothetical or testimonial, that the applicant occupational or professional group of health care personnel should be credentialed. Further, if all criteria established in statute and rules and regulations are met, and credentialing by the state is appropriate, the secretary also recommends: (1) the level or levels of credentialing, (2) an agency to be responsible for the credentialing process, and (3) such matters as the secretary deems appropriate to include in legislation relating to the recommendation for credentialing.

### Legislation

No group of health care personnel can be credentialed by the state except as an act of the legislature. The entire credentialing review process constitutes recommendations to the legislature and is not binding upon it. Should the applicant group be recommended for credentialing, it is the responsibility of the applicant group to draft a bill to be introduced to the legislature.

### Credentialing Criteria

The technical committee and the secretary are bound by statute (KSA 65-5003) to make findings in an objective, unbiased manner based upon criteria found under KSA 65-5006 (a). It is the burden of the applicant to bring forth ***clear and convincing evidence*** that the health care occupation or profession should be credentialed. Evidence must be ***more than hypothetical or testimonial*** in nature. ***All*** of the following criteria must be met in order for the recommendation from the committee or the secretary to support credentialing:

- (1) The unregulated practice of the occupation or profession ***can harm or endanger*** the health, safety or welfare of the public and the potential for such harm is ***recognizable and not remote***;
- (2) the practice of the occupation or profession requires an ***identifiable body of knowledge or proficiency*** in procedures, or both, acquired through ***a formal*** period of advanced study or training, and the public needs and will benefit by assurances of ***initial*** and ***continuing occupational or professional ability***;
- (3) if the practice of the occupation or profession is performed, for the most part, under the direction of other health care personnel or inpatient facilities providing health care services, such arrangement is ***not adequate*** to protect the public from persons performing non-credentialed functions and procedures;
- (4) the public is ***not effectively protected*** from harm by ***certification*** of members of the occupation or profession or by ***means other than credentialing***;
- (5) the effect of credentialing of the occupation or profession on the ***cost of health care*** to the public is ***minimal***;
- (6) the effect of credentialing of the occupation or profession on the ***availability of health care personnel*** providing services provided by such occupation or profession is ***minimal***;
- (7) the ***scope of practice*** of the occupation or profession is ***identifiable***;
- (8) the ***effect*** of credentialing of the occupation or profession on the scope of practice of ***other health care personnel***, whether or not credentialed under state law, is ***minimal***; and
- (9) ***nationally*** recognized ***standards*** of education or training ***exist*** for the practice of the occupation or profession and are identifiable.

If ***all*** of the preceding criteria are affirmed after consideration of evidence and testimony, the recommendation shall be in support of credentialing. Reports from the committee or the secretary must contain specific findings on the preceding criteria. Any recommendation for credentialing must follow the philosophy that the ***least regulatory means of protecting the public is preferred***, with consideration of the following alternatives, from least to most regulatory:

- (1) **Statutory regulation**, other than registration or licensure, by the creation or extension of statutory causes of **civil action**, the creation or extension of **criminal** prohibitions or the creation or extension of **injunctive remedies** is the appropriate level when this level will adequately protect the public's health, safety or welfare.
- (2) **Registration** is the appropriate level when statutory regulation under paragraph (a)(1) is not adequate to protect the public's health, safety or welfare and when registration will adequately protect the public health, safety or welfare by **identifying practitioners** who possess certain **minimum occupational or professional skills** so that members of the public may have a substantial basis for relying on the services of such practitioners.
- (3) **Licensure** is the appropriate level when statutory regulation under paragraph (a)(1) and registration under paragraph (a)(2) is **not adequate** to protect the public's health, safety or welfare and when the occupational or professional groups of health care personnel to be licensed **perform functions not ordinarily performed by persons in other occupations or professions**.

### Who May Submit a Credentialing Application

Any organization or organizations may submit a credentialing application. The application must request that a specific health care profession or occupation be credentialed (KAR 28-60-1). The organizations submitting an application are referred to as the "applicant." The applicant organizations do not have to consist of members of the profession or occupation that they are seeking to credential (KAR 28-60-1). However, usually the applicant organizations are comprised of members of the profession or occupation that is the subject of the application.

### **Matters to Consider Prior to Submitting an Application**

Any organization planning to develop a credentialing application should have a clear understanding of the depth of information and data required throughout the process. This manual is the instrument for acquiring the necessary understanding.

Please read it carefully.

Approaching a legislative change, whether creating or modifying, requires the applicant group to consider whether it has the following:

**Commitment.** Members of the applicant group must have resolve regarding what is being requested of the state (i.e., requirements for education, training, definition of scope of practice, assessing initial and continued competency, disciplinary measures, ethics, etc.).

**Time.** The process requires considerable preparation and substantiation of information, written and in person. Applicant members must be able to develop a thorough application and have designated leaders participating in the technical committee meetings and the legislative process.

**Network.** Much information and data are required in order to compare, contrast and evaluate the profession or occupation in determining answers to the statutory and regulatory criteria. Local, regional and national (perhaps multinational) data regarding the proposed health occupation or profession is needed. In order to proceed quickly, access to reliable data is essential.

**Financial resources.** An initial application fee of \$1,000 must be paid in full before the review process may be started. Other services may be required throughout the process in response to inquiries or questions regarding the application. Communication expenses, written application and response costs, and telecommunications costs may be required. In addition, applicant groups may find it to their benefit to retain consultative services (such as legal or legislative services).

### **Contact Person**

Any questions regarding the credentialing review program and all inquiries or correspondence with the technical committee should be directed to:

Director  
Health Occupations Credentialing Program  
Bureau of Health Facilities  
Kansas Department of Health and Environment  
1000 SW Jackson, Suite 330  
Topeka, Kansas 66612-1365  
(785) 296-1281 or 296-6647



## In Conclusion . . .

Applying for state credentialing is a significant event. The following appendices have been developed to assist applicants in collecting, organizing, and providing appropriate, current, relevant information to enable the technical review to proceed smoothly. The checklist provides the standards and criteria that are specified in the laws and regulations concerning credentialing, organized so that each section provides questions or examples of the type of information which relates to the standard or criteria. This checklist is for your assistance only, and is not required to be completed or submitted. It guides the applicant for an adequate technical review of the request for credentialing.

### Appendices:

1. **Details of the application record:** provides examples of the kind of information and format which may assist the applicant in drafting an application.
2. **Description of the technical committee selection, replacement, duties, and remuneration:** explains the role and responsibility of the technical review committee and its members.
3. **Model of the technical review protocol including time lines:** diagrams the application and review process with expected time lines.
4. **Statutes:** provide the language of the law which directs the entire process of health occupation credentialing in Kansas including the responsible parties and designation of authority.
5. **Regulations:** clarify and specify how the requirements of the law are met by the responsible parties (e.g., the applicant, the technical review committee, the Kansas Department of Health and Environment).
6. **Health Care Personnel Licensed, Registered, or Certified in Kansas:** lists the credentialing agencies, addresses, and titles of those health care personnel which are currently credentialed in Kansas. The agencies which credential health care personnel are governed by laws and regulations which may be of assistance to an applicant in understanding issues related to health care delivery, statutory and regulatory language, practice acts, skills and competencies, education and training requirements, disciplinary requirements and other credentialing information. Applicants are encouraged to contact credentialing agencies for information in providing the data necessary under the credentialing criteria and standards. The checklist may reference data about other practitioners. The credentialing agency is a resource for information on each category of health care personnel it credentials.

## DETAILS OF THE APPLICATION RECORD

### Notice of Intent Items

Refer to Appendix 5: KAR 28-60-2(a), (b), and (c). The notice of intent should be drafted in the form of a letter to the Secretary of Health and Environment. The letter should simply request for consideration the applicant group's intent to seek credentialing under the Kansas Credentialing Act. As either attachments or appendices, the information listed under KAR 28-60-2(b) and (c) must be included. See the following example.

Dear Secretary of the Kansas Department of Health and Environment:
In consideration of Kansas Statutes Annotated (KSA) 65-5001 through 65-5011, please consider this letter the [XYZ Organization]'s notice of intent to seek credentialing through the state of Kansas for the [licensure] of [alpha-technologists].
[XYZ] submits for your consideration the following information in order that a fair evaluation of this intent to be credentialed and be conducted according to statutory and regulatory requirements.
<u>[Name(s) of organizations(s) and the number of members in each;</u>
<u>national organization(s), if state affiliates; and,</u>
<u>name, address, organization affiliation, and telephone number of the persons designated to represent the applicant].</u>
Further, the following information describes the [alpha-technologists]:
<u>[using the checklist on the following pages, provide the information from "Information about Applicant" and "Information about Profession or Occupation the Applicant Seeks to Credential."]</u>

Appendix 1 con't.

## **CHECKLIST**

### Guidelines on Information to be Submitted in Application

NOTE: The first twelve items require general background information for the notice of intent. The headings for the remaining items correspond with specified criteria and standards to be submitted with the application once the Notice of Intent is approved.

#### **INFORMATION ABOUT APPLICANT**

- \_\_\_ List the name(s) of the organization(s) submitting the application and indicate the number of members in each organization.
- \_\_\_ List the name(s) of the national organizations with which the state organizations are affiliated.
- \_\_\_ List the name, address, organization affiliations, and telephone number of the person designated to represent the applicant.

#### **INFORMATION ABOUT PROFESSION OR OCCUPATION THE APPLICANT SEEKS TO CREDENTIAL**

- \_\_\_ List each name and title of the profession or occupation the applicant seeks to credential.
- \_\_\_ What is the approximate number of individuals practicing the profession or occupation in Kansas?
- \_\_\_ List the titles, addresses, and telephone numbers of all other organizations, if any, in Kansas representing members of the profession or occupation.
- \_\_\_ List and describe each function and procedure performed by members of the profession or occupation.
- \_\_\_ List and describe the approximate percentage of time spent in each function listed above.
- \_\_\_ Describe the training, education, or experience required to perform the functions of the profession or occupation.

Appendix 1 con't.

- \_\_\_ List the titles of all other health professions or occupations that (a) perform the same type of functions as the professions or occupation, but at a different level of skill or training, (b) perform different, but related, functions in association with the profession or occupation; and (c) perform the same functions as the profession or occupation, but in a different setting or employment situation.
- \_\_\_ Describe the relationship between the other health professions or occupations listed above and the profession or occupation.
- \_\_\_ What is the approximate date on which a credentialing application will be submitted?

This concludes the required information for the "Notice of Intent."

Appendix 1 con't.

## **CRITERION I**

The unregulated practice of the occupation or profession can harm or endanger the health, safety, or welfare of the public and the potential for such harm is recognizable and not remote.

Standard: harm to the public's health, safety, and welfare shall be present in at least one of the following forms:

- \_\_\_ The dangerous nature of the functions or procedures of the profession or occupation;
- \_\_\_ The dangerous nature of devices or substances used in performing the functions or procedures of the occupation; or
- \_\_\_ The frequent exercise by a practitioner of an observable degree of independent judgment when identifying or evaluating consumers' problems, planning, or coordinating their care or directly delivering their care.

Standard: Harm shall be documented through the following:

- \_\_\_ Expert testimony or consumer testimony; and
- \_\_\_ Research findings, legal precedents, financial awards, or judicial rulings.

Suggested Information:

- \_\_\_ List specifics of the occupation that can cause harm or endanger the public. Examples may include functions, procedures, devices, or substances used in the occupation's practice.
- \_\_\_ If the practitioners of the profession or occupation evaluate, plan, coordinate, direct, or provide services or treatment, how would the harm listed be lessened through regulation?
- \_\_\_ Document consumer data for Kansas and the incidents of harm among those consumers in descriptive terms (e.g., percentage, incidents per 1,000, incident of harm per service encounter).

## **CRITERION II**

The practice of the occupation or profession requires an identifiable body of knowledge or proficiency in procedures, or both, acquired through a formal period of advanced study or training, and the public needs and will benefit by assurances of initial and continuing occupational or professional ability.

Standard: The public needs and will benefit by assurances of ability when all of the following are met:

- \_\_\_ Mechanisms exist to assure consumers of initial and continuing ability in the practice of the profession or occupation; and
- \_\_\_ Changes in or maintenance of the professional or occupational skills, knowledge, or techniques require the practitioner to undergo continuing study or training.

### Suggested Information:

- \_\_\_ Describe the knowledge, skills, or abilities required to perform the functions or services of this occupation. Identify basic as well as advanced or technical knowledge and recognized methods of accruing and maintaining both knowledge and abilities (e.g., continuing education and competency).
- \_\_\_ List organizations (nationally and in Kansas) which recognize the body of knowledge or expertise of the occupation's practice (e.g., national credentialing organizations, associations, regulators). If organizations recognize different preparation for practice, identify those.
- \_\_\_ Describe the formal study or training in Kansas which is currently available for members of the profession; list where the training may be obtained (e.g., institutions in Kansas), and, who accredits, approves, or endorses this training (nationally and in Kansas). Include details which identify similarities and/or difference among Kansas programs (program longevity, length of training, prerequisite requirements such as age, level of education, experience; number of graduates, length of time in existence).

Appendix 1 con't.

### **CRITERION III**

If the practice of the occupation or profession is performed, for the most part, under the direction of other health care personnel or inpatient facilities providing health care services, such arrangement is not adequate to protect the public from persons performing noncredentialed functions and procedures. (The secretary recognizes this criterion as asking for documentation on why such arrangements are not adequate to protect the public.)

#### Suggested Information:

- Describe where occupation is normally practiced (e.g., self-employed or employed by specific types of health institutions, organizations, managed care programs, community or public education, non-health institutions or agencies, or in conjunction with other health care professions). If possible, quantify the relative amount of practitioners or time in each type of setting listed.
- Regulation of health care occurs through the delivery settings as well as the individual practitioner. The protection of the public health and safety is the fundamental motivation for regulating practice of a health occupation. If the occupation currently is regulated through the settings of practice or its relationship with another health profession, describe why the arrangement is not adequate protection to the public from harm described in Criterion I.

#### **CRITERION IV**

The public is not effectively protected from harm by certification of members of the occupation or by means other than credentialing. (The Secretary recognizes this criterion as asking for documentation on why certification [nongovernmental or federal] or other means are not effective in protecting the public from harm.)

Standard: Protection by means other than state credentialing includes all of the following:

- \_\_\_ Adequate standards for the professional performance of functions or procedures of the profession or occupation and their effective enforcement;
- \_\_\_ Adequate laws governing devices and substances used in the profession or occupation and their effective enforcement; and
- \_\_\_ Adequate federal or nongovernmental credentialing mechanisms and their effective enforcement.

Suggested Information:

- \_\_\_ Certification may be provided through a variety of mechanisms ranging from simply receiving a "certificate" of attendance or participation, or by meeting certain criteria or competency standards. Membership in certain organizations may confer 'certification.' Participating in federal funding programs may require 'certification.'
- \_\_\_ Describe the type of organization(s) certifying in Kansas and the education, training, or experience requirements for initial certification and what continuing education, reexamination, or recertification is required. Also identify any optional requirements for advanced or specialty certification.
- \_\_\_ If an examination is used for certification; provide information which describes the content areas of the examination, competencies it is designed to measure, the examination author(s), how it is administered, and the pass point criteria.
- \_\_\_ How many are certified (and through what mechanism) among Kansas practitioners (e.g., in terms of numbers ever certified or currently certified of Kansas practitioners).
- \_\_\_ Explain why available certification (whether federal or nongovernmental) is not an adequate means to protect the public from the harm described in Criterion I.



Appendix 1 con't.

- How are professional or occupation standards established for performance of functions and procedures? Are these standards adequate or inadequate in protecting the public; and, what problems are there, if any, with enforcing the standards?
- Various health occupations utilize devices or substances which may also be regulated (e.g., federal or state agencies such as Food & Drug Administration, Occupational Health and Safety Administration, etc.). How are pertinent regulations inadequate and/or unenforceable to protect the public from harm?

## **CRITERION V**

The effect of credentialing of the occupation or profession on the cost of health care to the public is minimal. (The secretary stipulates that the applicant, in determining if the cost of health care to the public is minimal, shall consider fees-for-services, salaries and wages, and payments to members and services covered by public and private insurance programs.)

### Suggested Information:

- \_\_\_ Data should be provided which describes the usual, reasonable, and customary fees-for-services of the profession or occupation in Kansas and the anticipated impact state credentialing will have on fees-for-services, salaries, or income levels of practitioners.
- \_\_\_ Describe, if applicable, how members of the profession or occupation currently provide services and receive payments from consumers; and how services provided by the profession or occupation are currently addressed by public or private insurance or managed care programs.
- \_\_\_ Describe any changes in type, delivery, distribution of services or payment for services with state credentialing of this occupation. Will professionals receive payments from public and private insurance programs on services covered by public and private insurance programs? How will this effect the health care cost to the public?

Appendix 1 con't.

## **CRITERION VI**

The effect of credentialing of the occupation or profession on the availability of health care personnel providing services provided by such occupation or profession is minimal.

### Suggested Information:

- \_\_\_ Describe the effects credentialing is anticipated to have on the geographic and career mobility and the distribution of service providers in rural and urban areas of Kansas.
- \_\_\_ If credentialing requires a change in the occupation's current entry-level practice requirements, how will currently practicing members of the profession or occupation be included in any proposed legislation?

## **CRITERION VII**

The scope of practice of the occupation or profession is identifiable.

### Suggested Information:

- \_\_\_ Describe the scope of practice of the profession or occupation. (The range of functions of the profession or occupation.)
- \_\_\_ What organization(s) recognize the range of functions listed immediately above as the scope of practice of the profession or occupation?
- \_\_\_ Provide examples of the scope of practice of the profession or occupation in other states that credential the profession or occupation.

Appendix 1 con't.

### **CRITERION VIII**

The effect of credentialing of the occupation or profession on the scope of practice of other health care personnel, whether or not credentialed under state law, is minimal.

#### Suggested Information:

- \_\_\_ List and describe the scope of practice of other health care professions or occupations that perform the same type of functions as this occupation but at a different level of skill or training; other health care professions or occupations that perform different but related functions in association with this occupation; and, other health care professions or occupations who perform the same functions but in a different setting or employment situation.
- \_\_\_ Describe how state credentialing of this profession or occupation would affect the scope of practice of other health care professions (especially those with which this occupation has been compared).

### **CRITERION IX**

Nationally recognized standards of education or training exist for the practice of the occupation or profession and are identifiable.

#### Suggested Information:

See Criterion II.

- \_\_\_ If a particular Kansas program or accreditation standard is recommended, identify it and the rationale for its preferability.
- \_\_\_ In the event that no formal study or program currently exists in Kansas, describe how access to training would be accomplished and typical training requirements from existing or proposed programs.

## **CRITERION X**

All recommendations of the technical committee and the secretary, which relate to the level or levels of credentialing regulations of a particular group of health care personnel, shall be consistent with the policy that the least regulatory means of assuring the protection of the public is preferred.

### Suggested Information:

- \_\_\_ State specifically what level or levels of credentialing (other addition to existing statutes, state certification, registration, or licensure) are being sought for the profession or occupation.
- \_\_\_ Distill and summarize the critical public health risks without the requested credentialing. Specify what is lacking that would be remedied through credentialing (e.g., lack of knowledge, standards, training, ethics, supervision, continuing competency, etc.).
- \_\_\_ Describe how other states protect the public from similar types of harm (e.g., through extension of statutory causes of civil action, criminal prohibitions, injunctive remedies, etc.).
- \_\_\_ Describe options of statutes or regulations that could be enacted to protect the public from harm (related to the critical risks or incidents of harm).
- \_\_\_ Prioritize the options in assuring public protection as they relate to "least regulatory means."
- \_\_\_ List the states that require members of the profession or occupation to be registered and the states that require members of the profession or occupation to be licensed. Define by comparison, how the other state regulatory language compares to Kansas (e.g., 'registration' may be defined differently in another state than it is in Kansas statutes).

Appendix 1 con't.

SIGNATURE SHEET

I support the credentialing (licensing or registering) of \_\_\_\_\_

\_\_\_\_\_ in Kansas.

<u>Signature</u>	<u>Home Address</u>
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____
11 _____	_____
12 _____	_____
13 _____	_____
14 _____	_____
15 _____	_____
16 _____	_____
17 _____	_____
18 _____	_____
19 _____	_____
20 _____	_____

**Note:** A total of 100 signatures of persons 18 years of age or older who reside in Kansas are required by KSA 65-5002.

## TECHNICAL COMMITTEE SELECTION, REPLACEMENT, DUTIES, and REMUNERATION

### Technical Committee Procedures

After an application has been received, staff of the Kansas Department of Health and Environment will review it to determine if it is fully answered and complete (KAR 28-60-3). If the application is complete, the applicant will be notified of the approximate date that a technical committee will begin the review.

The technical committee is selected by the Secretary, from nominations received to serve on a technical committee for a one-year term (KSA 65-5003). The state statutes require that the technical committee consist of seven members. Of the seven members, three members must be currently credentialed health care personnel and four members are health care consumers (KSA 65-5003). (See Appendix 4 for the definition of "health care consumer" and Appendix 6 for a list of health care personnel credentialed in Kansas.)

The technical committee reviews one application at a time for a total of two applications in a given year. The technical committee conducts at least four meetings per application. All meetings are open to the public. **The public and applicant are prohibited from communicating with the technical committee members outside of the technical committee meetings. Any questions or concerns regarding the credentialing review or correspondence with the technical committee outside of the public meetings should be directed to the contact person listed on page six.** The following is a description of the meetings as outlined in the rules and regulations (KAR 28-60-6).

### **Technical Committee Meetings**

1. **Applicant Review Meeting.** A copy of the application is mailed by the Kansas Department of Health and Environment to the technical committee members at least 30 days before the applicant review meeting. The applicant presents, in person, an overview and description of the profession or occupation and summarizes the contents of the credentialing application. The applicant's response is discussed by the technical committee at this meeting. The committee may ask for clarification or additional information from the applicant.
2. **Analysis Meeting.** Any information requested at the applicant review meeting by the technical committee which has not been previously accepted may be submitted by the applicant. The information gathered from the application and applicant review meeting is compared with the criteria and standards, and then prepared as a draft report by the staff of the Kansas Department of Health and Environment. At the analysis meeting, the technical committee discusses the report and develops preliminary findings and recommendations as to whether the criteria have been met.



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3. **Public Hearing Meeting.** At the public hearing meeting, both supporting and opposing comments and information about the application and the preliminary findings and recommendations of the technical committee may be presented by the public. Any information requested at the applicant review meeting and analysis meeting by the technical committee, which has not been previously accepted, may be submitted by the public and the applicant. No new information may be accepted or considered by the technical committee after the public hearing meeting.
4. **Final Findings and Recommendations Meeting.** At the final findings and recommendations meeting, information presented at the public hearing and the information contained in the record to date is discussed by the technical committee. The final findings and recommendations as to whether the criteria have been met are then developed by the technical committee.

Additional meetings may be held if deemed necessary by the technical committee chairperson.

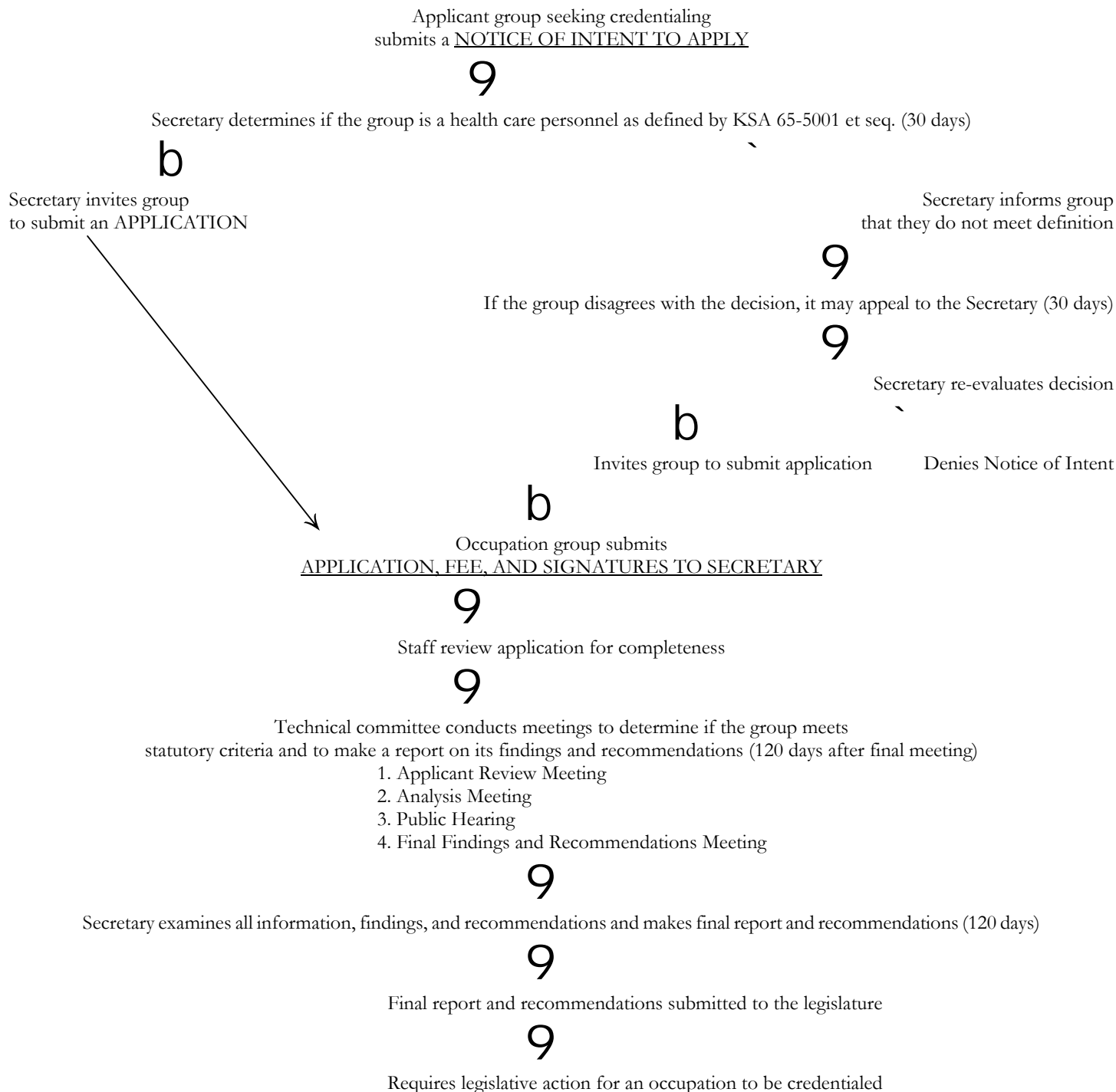
Anyone who would like to receive an agenda for each of the meetings regarding a specific application should call the contact person on page six to be added to the department's mailing list. The public is notified of the time, place, and agenda of the technical committee meetings through a notice published in the Kansas Register.

### **Remuneration**

Members of the technical committee appointed pursuant to KSA 65-6003 and amendments thereto shall be paid subsistence allowances, mileage and other expenses as provided in KSA 75-3223 and amendments thereto when in attendance at a meeting of the technical committee authorized by the secretary (KSA 65-5009(c)).

MODEL OF THE TECHNICAL REVIEW AND TIME FRAME. This chart depicts the Kansas Department of Health and Environment's credentialing review program as outlined by state statutes (KSA 65-5001) and administrative rules and regulations (KAR 28-60-1).

### CREDENTIALING TECHNICAL REVIEW PROGRAM



Appendix 4.

KANSAS STATUTES ANNOTATED

**65-5001. Credentialing Health Care Personnel; Definitions.**

As used in this act unless the context requires otherwise, the following words and phrases shall have the meanings respectively ascribed to them herein:

- (a) "Credentialing" or "credentialed" means the formal recognition of professional or technical competence through the process of registration, licensure or other statutory regulation.
- (b) "Certification" means the process by which a nongovernmental agency or association or the federal government grants recognition to an individual who has met certain predetermined qualifications specified by the nongovernmental agency or association or the federal government.
- (c) "Registration" means the process by which the state identifies and lists on an official roster those persons who meet predetermined qualifications and who will be the only persons permitted to use a designated title.
- (d) "Licensure" means a method of regulation by which the state grants permission to persons who meet predetermined qualifications to engage in an occupation or profession, and that to engage in such occupation or profession without a license is unlawful.
- (e) "Health care personnel" means those persons whose principal functions, customarily performed for remuneration, are to render services, directly or indirectly, to individuals for the purpose of:
  - (1) Preventing physical, mental or emotional illness;
  - (2) detecting, diagnosing and treating illness;
  - (3) facilitating recovery from illness; or
  - (4) providing rehabilitative or continuing care following illness; and who are qualified by training, education or experience to do so.
- (f) "Provider of health care" means an individual:
  - (1) Who is a direct provider of health care (including but not limited to a person licensed to practice medicine and surgery, licensed dentist, registered professional nurse, licensed practical nurse, licensed podiatrist, or physician's assistant) in that the individual's primary current activity is the provision of health care to individuals or the administration of facilities or institutions (including medical care facilities, long-term care facilities, outpatient facilities, and health maintenance organizations) in which such care is provided and, when required by state law, the individual has received professional training in the provision of such care or in such administration and is licensed or certified for such provision or administration;

- (2) who holds a fiduciary position with, or has a fiduciary interest in, any entity described in subsection (f)(3)(B) or subsection (f)(3)(D) other than an entity described in either such subsection which is also an entity described in section 501(c)(3) of the internal revenue code of 1954, as amended and supplemented, and which does not have as its primary purpose the delivery of health care, the conduct of research, the conduct of instruction for health professionals or the production of drugs or articles described in subsection (f)(3)(C);
- (3) who receives, either directly or through a spouse, more than 1/5 of such person's gross annual income from any one or combination of the following:
  - (A) Fees or other compensation for research into or instruction in the provision of health care;
  - (B) entities engaged in the provision of health care or in such research or instruction;
  - (C) producing or supplying drugs or other articles for individuals or entities for use in the provision of or in research into or instruction in the provision of health care; or
  - (D) entities engaged in producing drugs or such other articles;
- (4) who is a member of the immediate family of an individual described in subsection (f)(1), (f)(2) or (f)(3); or
- (5) who is engaged in issuing any policy or contract of individual or group health insurance or hospital or medical service benefits. An individual shall not be considered a provider of health care solely because the individual is a member of the governing board of an entity described in subsection (f)(3)(B) or subsection (f)(3)(D).

(g) "Consumer of health care" means an individual who is not a provider of health care.

(h) "Secretary" means the secretary of health and environment.

(History: L. 1980, Ch. 181, Sec. 1; L. 1986, Ch. 246, Sec. 1; L. 1987, Ch. 232, Sec. 2; L. 1988, Ch. 246, Sec. 22; July 1.)

**65-5002. Same; Credentialing Applications; Fees.**

- (a) Health care personnel seeking to be credentialed by the state shall submit a credentialing application to the secretary upon forms approved by the secretary. The application shall be accompanied by an application fee of \$1,000. The secretary shall not accept a credentialing application unless such application is accompanied by the application fee and is signed by 100 or more Kansas resident proponents of credentialing the health care occupation or profession seeking to be credentialed. All credentialing applications accepted by the secretary shall be referred to the technical committee for review and recommendation in accordance with the provisions of this act and rules and regulations adopted by the secretary. The application fee established under this subsection (a) shall apply to every group of health care personnel which submits a credentialing application to the secretary on and after the effective date of this act and to every group of health care personnel which has not filed both a notice of intention and a fully answered application before the effective date of this act.

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- (b) The secretary shall remit all moneys received from fees under this section to the state treasurer at least monthly. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount thereof in the state treasury to the credit of the state general fund.

(History: L. 1980, Ch. 181, Sec. 2; L. 1986, Ch. 246, Sec. 2; L. 1987, Ch. 232, Sec. 3; July 1.)

**65-5003. Same; Appointment of Technical Committee; Hearings; Evidence; Criteria; Findings; Recommendations and Report.**

- (a) A technical committee shall be appointed by the secretary to examine and investigate each credentialing application referred by the secretary. Seven persons shall be appointed to each technical committee and such persons shall be appointed for a term of one year. Within 120 days after the expiration of such term, the secretary shall appoint a successor to fill such vacancy. The chairperson of the technical committee shall be designated by the secretary. Three members of the technical committee shall be health care personnel currently credentialed under the laws of this state. Four members of the technical committee shall be consumers of health care who are not also providers of health care. No member of the technical committee shall have a direct economic or personal interest in the credentialing or noncredentialing of health care personnel whose application for credentialing will be reviewed by the technical committee. If a member of the technical committee has a direct economic or personal interest in the credentialing or noncredentialing of health care personnel whose application for credentialing will be reviewed by the technical committee or otherwise has a conflict of interest concerning the credentialing or noncredentialing of health care personnel whose application for credentialing will be reviewed by the technical committee, the secretary shall replace such member on the technical committee by appointing a new member to the technical committee. The new member shall serve for the remainder of the term of the original member. A vacancy on the technical committee shall be filled by appointment within 120 days after such vacancy by the secretary for the remainder of the unexpired term of the vacant position.
- (b) Each technical committee, as soon as possible after appointment of the members thereof, shall organize and review any credentialing application assigned to such committee by the secretary. The technical committee shall conduct fact-finding hearings and shall otherwise investigate the credentialing application.
- (c) The technical committee shall attempt to obtain evidence and testimony from persons in support of the application and from persons opposed to the application, but evidence and testimony shall not be limited only to such persons. All interested persons shall have an opportunity to give evidence and testimony subject to such reasonable conditions as may be established by the technical committee in the conduct of the hearing and subject to applicable rules and regulations established under this act. A notice of all meetings of the technical committee shall be published in the Kansas register at least 30 days prior to the day of the meeting. The notice shall state the time and place of the meeting.
- (d) The technical committee shall make findings in an objective, unbiased manner based on the criteria established in K.S.A. 65-5006 and amendments thereto. Credentialing applicants shall have the burden of bringing forth evidence upon which findings may be made and shall have the burden of proving by clear and convincing evidence that the health care provider occupation or profession should be credentialed by the state. The evidence required to sustain this burden of proof shall be more than hypothetical examples or testimonials. The technical committee shall detail its findings in a report and shall file the report with the secretary. The technical committee shall complete hearings and shall file a report for any applicant group of health care personnel that has begun the process.

- (e) If the technical committee determines after consideration of the evidence and testimony that all the criteria established by law or by rules and regulations for credentialing have not been met and that credentialing is not appropriate, the technical committee shall recommend that an application for credentialing be denied. If the technical committee determines after consideration of the evidence and testimony that clear and convincing evidence has been presented that an occupational or professional group of health care personnel has met all the criteria established by law or by rules and regulations for credentialing and that credentialing by the state is appropriate, the technical committee shall recommend the application for credentialing be approved. If the technical committee recommends that the application for credentialing be approved, there shall be included in the committee's report a recommendation of the level or levels of credentialing, and such recommendation shall be based upon a finding by the technical committee, stated in the report, that all criteria established by the law or by rules and regulations for the recommended level or levels of credentialing have been met. This recommendation shall be based on the criteria established in K.S.A. 65-5007 and amendments thereto.

(History: L. 1980, Ch. 181, Sec. 3; L. 1986, Ch. 246, Sec. 3; L. 1987, Ch. 232, Sec. 4; July 1.)

**65-5004.** (History: L. 1980, Ch. 181, Sec. 4; L. 1986, Ch. 246, Sec. 4; Repealed, L. 1987, Ch. 232, Sec. 11; July 1.)

**65-5005.** Same; Review of Reports by Secretary; Recommendations of Secretary; Final Report to Legislature.

- (a) Within 120 days after receiving the report and recommendations of the technical committee relating to a credentialing application, the secretary shall prepare a final report for the legislature. In preparing the final report, the secretary shall apply the criteria established by K.S.A. 65-5006 and 65-5007 and amendments to these sections. The final report shall be submitted to the speaker of the house of representatives, to the president of the senate and to the chairpersons of the committees on public health and welfare for consideration by their respective committees. The secretary shall include the report of the technical committee in the final report prepared for submission to the legislature. The secretary need not be bound by the recommendations of a technical committee.
- (b) If the secretary determines after consideration of the report of the technical committee and the evidence and testimony presented to the technical committee that all criteria established by law or by rules and regulations for credentialing have not been met and that credentialing is not appropriate, the secretary shall recommend that no legislative action be taken on a credentialing application. If the secretary determines that clear and convincing evidence which was more than hypothetical examples or testimonials was presented to the technical committee that the applicant occupational or professional group of health care personnel should be credentialed by the state, that the applicant occupational or professional group of health care personnel has met all the criteria established by law or by rules and regulations for credentialing and that credentialing by the state is appropriate, the secretary shall recommend that the occupational or professional group of health care personnel be credentialed. If the secretary recommends that an occupational or professional group of health care personnel be credentialed, the secretary shall recommend: (1) The level or levels of credentialing, and such recommendation shall be based upon a finding by the secretary, stated in the report, that all criteria established by law or by rules and regulations concerning the recommended level or levels of credentialing have been met; (2) an agency to be responsible for the credentialing process and the level or levels of credentialing; and (3) such matters as the secretary deems appropriate for possible inclusion in legislation relating to the recommendation for credentialing.

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- (c) No group of health care personnel shall be credentialed except by an act of the legislature. The final report of the secretary and the report and recommendations of the technical committee shall constitute recommendations to the legislature and shall not be binding upon the legislature. The legislature may dispose of such recommendations and reports as it deems appropriate.

(History: L. 1980, Ch. 181, Sec. 5; L. 1986, Ch. 246, Sec. 5; L. 1987, Ch. 232, Sec. 5; July 1.)

**65-5006. Same; Credentialing Criteria.**

- (a) The technical committee appointed pursuant to K.S.A. 65-5003 and amendments thereto and the secretary shall apply the following criteria to each credentialing application:
- (1) The unregulated practice of the occupation or profession can harm or endanger the health, safety or welfare of the public and the potential for such harm is recognizable and not remote;
  - (2) the practice of the occupation or profession requires an identifiable body of knowledge or proficiency in procedures, or both, acquired through a formal period of advanced study or training, and the public needs and will benefit by assurances of initial and continuing occupational or professional ability;
  - (3) if the practice of the occupation or profession is performed, for the most part, under the direction of other health care personnel or inpatient facilities providing health care services, such arrangement is not adequate to protect the public from persons performing noncredentialed functions and procedures;
  - (4) the public is not effectively protected from harm by certification of members of the occupation or profession or by means other than credentialing;
  - (5) the effect of credentialing of the occupation or profession on the cost of health care to the public is minimal;
  - (6) the effect of credentialing of the occupation or profession on the availability of health care personnel providing services provided by such occupation or profession is minimal;
  - (7) the scope of practice of the occupation or profession is identifiable;
  - (8) the effect of credentialing of the occupation or profession on the scope of practice of other health care personnel, whether or not credentialed under state law, is minimal; and
  - (9) nationally recognized standards of education or training exist for the practice of the occupation or profession and are identifiable.
- (b) Reports of the technical committee, and the secretary shall include specific findings on the criteria set forth in subsection (a). No report of the technical committee or the secretary shall recommend credentialing of any occupational or professional group of health care personnel unless all the criteria set forth in subsection (a) have been met.

(History: L. 1980, Ch. 181, Sec. 6; L. 1986, Ch. 246, Sec. 6; L. 1987, Ch. 232, Sec. 6; July 1.)

**65-5007. Same; Criteria Applicable to Levels of Credentialing Regulation.**

- (a) All recommendations of the technical committee and the secretary which relate to the level or levels of credentialing regulation of a particular group of health care personnel shall be consistent with the policy that the least regulatory means of assuring the protection of the public is preferred and shall be based on alternatives which include, from least regulatory to most regulatory, the following:
- (1) Statutory regulation, other than registration or licensure, by the creation or extension of statutory causes of civil action, the creation or extension of criminal prohibitions or the creation or extension of injunctive remedies is the appropriate level when this level will adequately protect the public's health, safety or welfare.
  - (2) Registration is the appropriate level when statutory regulation under paragraph (a)(1) is not adequate to protect the public's health, safety or welfare and when registration will adequately protect the public health, safety or welfare by identifying practitioners who possess certain minimum occupational or professional skills so that members of the public may have a substantial basis for relying on the services of such practitioners.
  - (3) Licensure is the appropriate level when statutory regulation under paragraph (a)(1) and registration under paragraph (a)(2) is not adequate to protect the public's health, safety or welfare and when the occupational or professional groups of health care personnel to be licensed perform functions not ordinarily performed by persons in other occupations or professions.
- (b) Reports of the technical committee and the secretary shall include specific findings on the criteria set forth in subsection (a). No report of the technical committee or the secretary shall recommend the level or levels of credentialing of any occupational or professional group of health care personnel unless all the criteria set forth in subsection (a) for the recommended level or levels of credentialing have been met.

(History: L. 1980, Ch. 181, Sec. 7; L. 1986, Ch. 246, Sec. 7; L. 1987, Ch. 232, Sec. 7; July 1.)

**65-5008. Same; Periodic Review of Credentialing Status of Health Care Personnel.**

The secretary shall periodically schedule for review the credentialing status of health care personnel who are credentialed pursuant to existing laws. The procedures to be followed, the criteria to be applied and the reports to be submitted for credentialing applications filed pursuant to K.S.A. 65-5002 and amendments thereto shall apply to credentialing reviews conducted pursuant to this section.

(History: L. 1980, Ch. 181, Sec. 8; L. 1987, Ch. 232, Sec. 8; July 1.)



Appendix 4 con't.

**65-5009. Same; Records; Duties of Secretary; Rules and Regulations; Compensation of Members of Technical Committee.**

- (a) The secretary shall provide all necessary professional and clerical services to the technical committee. Records of all official actions and minutes of all business coming before the technical committee shall be kept. The secretary shall be the custodian of all records, documents and other property of the technical committee.
- (b) The secretary shall adopt rules and regulations necessary to implement the provisions of this act including, but not limited to, rules and regulations establishing the policies and procedures to be followed by the technical committee in the consideration of credentialing applications under this act.
- (c) Members of the technical committee appointed pursuant to K.S.A. 65-5003 and amendments thereto shall be paid subsistence allowances, mileage and other expenses as provided in K.S.A. 75-3223 and amendments thereto when in attendance at a meeting of the technical committee authorized by the secretary.

(History: L. 1980, Ch. 181, Sec. 9; L. 1986, Ch. 246, Sec. 8; L. 1987, Ch. 232, Sec. 9; July 1.)

**65-5011. Application of Act to Certain Credentialing Applications.**

Except as otherwise provided in this act, the review of an application for credentialing commenced prior to the effective date of this act shall be governed by the provisions of this act which apply to that part of the review of such application which was not completed prior to the effective date of this act. The secretary shall authorize an original application for credentialing filed prior to the effective date of this act, to be amended to address the standards and criteria established under this act. Nothing in this section shall be construed to require the filing of a new application with the secretary.

(History: L. 1986, Ch. 246, Sec. 9; April 24.)

## KANSAS ADMINISTRATIVE RULES & REGULATIONS

28-60-1. Definitions. (a) "Applicant" means the organization or organizations who submit to the department of health and environment a notice of intent and a credentialing application requesting that a specific profession or occupation be credentialed. The organization or organizations need not be comprised of members of the specific profession or occupation that is the subject of the credentialing application.

(b) "Manual for applicant" means the "Kansas credentialing review program: manual for applicants," which is produced by the department of health and environment and includes descriptions of the process, policies, procedures, and standards of the credentialing review program as established by K.S.A. 1987 Supp. 65-5001, as amended by L. 1988, Ch. 246, Sec. 22, et seq. and amendments thereto and K.A.R. 28-60-1, et seq.

(c) "Profession or occupation" means the specific vocation that is the subject of the credentialing application.

(d) "Record" means the evidence and testimony gathered during the technical committee meetings and the secretary's review of the credentialing application. The record shall include but not be limited to the following:

(1) The application;

(2) the minutes of the technical committee meetings;

(3) the written materials, written testimony, and oral testimony presented in accordance with K.A.R. 28-60-6(c) at the technical committee meetings;

(4) the preliminary and final report of the findings and recommendations of the technical committee; and

(5) the secretary's final report to the legislature.

(e) "Standards" means the conditions set by the secretary, as listed in the May 1987 [updated Feb. 1996] manual for applicants, that the technical committee and secretary may use to aid in determining whether certain portions of the criteria have been met. (Authorized by and implementing K.S.A. 1987 Supp. 65-5009; effective May 1, 1987; amended, T-88-36, September 17, 1987; amended May 1, 1988; amended December 5, 1988.)

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28-60-2. Notice of intent. (a) Each applicant seeking to have a credentialing application reviewed, according to the provisions of K.S.A. 1987 Supp. 65-5001, et seq., as amended by L. 1988, Ch. 246, Sec. 22, and amendments thereto, shall first submit to the secretary a notice of intent.

(b) Each notice of intent shall contain the following information regarding the applicant:

- (1) The names of the organizations and the number of members in each organization;
- (2) the names of the national organizations, if the organizations are state affiliates of national organizations; and
- (3) the names, addresses, organization affiliations, and telephone numbers of the persons designated to represent the applicant.

(c) Each notice of intent shall contain the following information regarding the profession or occupation that the applicant is seeking to have credentialed:

- (1) Each name and title of the profession or occupation;
- (2) the approximate number of members of the profession or occupation practicing in Kansas;
- (3) the titles, addresses, and telephone numbers of all other organizations in Kansas consisting of members of the profession or occupation;

(4) a list and description of each function typically performed by members of the profession or occupation that pertain to services rendered directly or indirectly for the purpose of:

- (A) Preventing physical, mental, or emotional illness;
  - (B) detecting, diagnosing, and treating illness;
  - (C) facilitating recovery from illness; and
  - (D) providing rehabilitative or continuing care following illness;
- (5) the approximate percentage of time spent in each function listed in paragraphs (4),(A),(B),(C), and (D) of this subsection;

(6) the training, education, or experience required to perform the functions of the profession or occupation;

(7) the titles of all other health professions or occupations that:

(A) Perform the same type of functions as the profession or occupation, but at a different level of skill or training;

(B) perform different, but related, functions in association with the profession or occupation; and

(C) perform the same functions as the profession or occupation, but in a different setting or employment situation;

(8) a description of the relationship between the other health professions or occupations identified in paragraphs (7)(A),(B), and (C) of this subsection and the profession or occupation; and

(9) an approximate date on which a credentialing application will be submitted.

(d) Any additional information needed to make a determination as to whether the profession or occupation is properly classified as health care personnel may be requested by the secretary.

(e) A determination as to whether the profession or occupation meets the definition of health care personnel shall be made by the secretary on the basis of the contents of the notice of intent and any additional information requested by the secretary.

(f) Each notice of intent shall be approved or denied by the secretary within 60 days after receiving the notice of intent and any additional information requested, and the applicant shall be given written notice of the decision.

(1) If the secretary approves any notice of intent, the applicant may submit a credentialing application; and

(2) if the secretary denies any notice of intent, the applicant may appeal the secretary's decision.

(g) Any applicant may appeal to the secretary in writing within 60 days after receiving the written denial notification by the secretary.

(h) Each appeal to the secretary shall specify in detail the reasons the applicant disagrees with the decision.

(i) If, after examining the applicant's written appeal, the secretary finds the profession or occupation meets the definition of health care personnel, the applicant may submit a credentialing application to the secretary.

(j) If the secretary finds the profession or occupation does not meet the definition of health care personnel and after exhausting the review procedures outlined in the Kansas judicial review act, the applicant shall not submit a credentialing application to the secretary.

(k) Each applicant shall be given written notice of the final decision by the secretary. (Authorized by 1987 Supp. K.S.A. 65-5009(b); implementing K.S.A. 1987 Supp. 65-5001 as amended by L. 1988, Ch. 246, Sec. 22, effective May 1, 1987; amended, T-88-36, September 17, 1987; amended May 1, 1988; amended December 5, 1988.)

28-60-3. Filing of the credentialing application.

(a) Each applicant shall complete the forms of the credentialing application that are printed in the manual for applicants.

(b) "Kansas resident" means any person 18 years old or older who resides in Kansas.

(c) Each credentialing application received from an applicant whose notice of intent has been approved shall be reviewed by the department of health and environment to determine if the credentialing application is fully answered and complete.

(1) If the credentialing application is not complete, the applicant shall be requested by the department of health and environment to submit additional information.

(2) If the credentialing application is complete, an approximate date for the technical committee to begin the review of the credentialing application shall be selected by the secretary and the applicant shall be notified of the approximate date. (Authorized by K.S.A. 1987 Supp. 65-5009(b); implementing K.S.A. 1987 Supp. 65-5002; effective May 1, 1987; amended, T-88-36, September 17, 1987; amended May 1, 1988; amended December 5, 1988.)

28-60-4. Withdrawing a credentialing application. (a) Each applicant that has withdrawn a credentialing application shall not submit a new notice of intent, application, and application fee for one year after the date the final report of the technical committee has been issued.

(b) The technical committee shall prepare a final report within 120 days after completing the technical committee meetings in accordance with K.A.R. 28-60-6.

(c) Each credentialing application already on file shall be reviewed by the technical committee before a new credentialing application submitted by an applicant group that has previously withdrawn a credentialing application will be reviewed. (Authorized by 1987 Supp. 65-5009(b); implementing K.S.A. 1987 Supp. 65-5003; effective May 1, 1987; amended, T-88-36, September 17, 1987; amended May 1, 1988; amended December 5, 1988.)

28-60-5. Selection of a technical committee. (a) A written memorandum requesting nominations for individuals to serve on each technical committee shall be distributed by the secretary to:

(1) Persons who have asked the department of health and environment to keep them informed of credentialing activities; and

(2) various professional associations and state regulatory boards.

(b) The memorandum shall contain:

(1) A request for nominations;

(2) the names of the professions or occupations of the applications the technical committee will review;

(3) the review schedules;

(4) a description of the review process and responsibilities of the technical committee members; and

(5) instructions and a closure date for submission of nominations.

(c) Additional information shall be requested by the secretary from each nominee to determine whether the nominee has any direct, economic or personal interest in the credentialing or noncredentialing of the professions or occupations whose credentialing applications will be reviewed by the technical committee.

(d) Each nominee shall remain on the list of nominees for one year.

(e) Additional technical committees may be established if approved by the secretary.

- (f) Each technical committee shall review only one credentialing application at a time. Each technical committee shall review a maximum of two applications. (Authorized by K.S.A. 1987 Supp. 65-5009(b); implementing K.S.A. 1987 Supp. 65-5003; effective May 1, 1987; amended, T-88-36, September 17, 1987; amended May 1, 1988; amended December 5, 1988.)

28-60-6. Technical committee meetings. (a) Each credentialing application shall be reviewed by a technical committee under the following sequential proceedings:

(1) Applicant review. A copy of each application shall be mailed by the department of health and environment to the technical committee members at least 30 days before the applicant review meeting. Each applicant shall present, in person, an overview and description of the profession or occupation and shall summarize the contents of the credentialing application. The applicant's response to each question in the credentialing application shall be discussed by the technical committee at this meeting. The committee may ask for clarification or additional information from the applicant.

(2) Analysis. Any information requested at the applicant review meeting by the technical committee that has not been previously accepted may be submitted the applicant. The information gathered from the application and applicant review meeting shall be compared with the criteria and standards, and then prepared as a report by the department of health and environment. At the analysis meeting, the technical committee shall discuss the report and shall develop preliminary findings and recommendations as to whether the criteria have been met.

(3) Public hearing. At the public hearing meeting, both supporting and opposing comments and information about the application and the preliminary findings and recommendations of the technical committee may be presented by the public. Any information requested at the applicant review meeting and analysis meeting by the technical committee that has not been previously accepted may be submitted by the public and the applicant. No new information shall be accepted or considered by the technical committee after the public hearing meeting.

(4) Final findings and recommendations. At the final findings and recommendations meeting, information presented at the public hearing and the information contained in the record to date shall be discussed by the technical committee. The final findings and recommendations as to whether the criteria have been met shall then be developed by the technical committee.

(b) Additional technical committee meetings may be held if approved by the technical committee chairperson.

(c) The rules of conduct for public hearings shall include the following:

(1) Information presented at the technical committee meetings shall be in the record and shall not be presented again at public hearing meeting.

(2) Materials already entered into the record from the technical committee meetings shall be available for inspection at the public hearing meeting.

(3) Each person interested in presenting oral testimony shall contact the department of health and environment to be placed on the appropriate public hearing meeting agenda.

(4) The technical committee chairperson shall determine the amount of time allocated for each oral presentation based on the number of speakers and the anticipated length of time of the public hearing.

(5) At the conclusion of the agenda, the technical committee chairperson may allow time for:

(A) Persons to testify who were not previously on the agenda; and

(B) the applicant to provide any additional comments.

(6) Each person who presents oral testimony shall provide a written copy of the testimony for insertion into the record at or within seven days after the public hearing.

(7) Any technical committee member may ask questions and request further information or documentation of anyone testifying or providing information during the technical committee meetings.

(8) Written testimony may be submitted in lieu of oral testimony.



(9) Written testimony shall be submitted to the department of health and environment prior to the public hearing or at the public hearing and shall be entered into the record of the public hearing.

(d) "Criteria" means the conditions established by K.S.A. 1987 Supp. 65-5006, and amendments thereto, and K.S.A. 1987 Supp. 65-5007, and amendments thereto. Each application shall meet the conditions in K.S.A. 1987 Supp. 65-5006, and amendments thereto, before credentialing may be recommended by the technical committee and secretary. (Authorized by 1987 Supp. K.S.A. 65-5009(b); implementing K.S.A. 1987 Supp. 65-5003; effective May 1, 1987; amended, T-88-36, September 17, 1987; amended May 1, 1988; amended December 5, 1988.)

28-60-9. The standards listed in the "Kansas credentialing review program manual for applicants," May 1987, pages 9-12 [updated Feb. 1996: pages 12-24], as jointly developed by the secretary and the statewide health coordinating council, and as in effect May 1, 1987, is hereby adopted by reference. (Authorized by and implementing K.S.A. 1987 Supp. 65-5009(b); effective T-88-36, September 17, 1987, amended May 1, 1988; amended December 5, 1988.)

**HEALTH CARE PERSONNEL LICENSED, REGISTERED, or CERTIFIED IN KANSAS**

<b>Title of Personnel</b>	<b>State Regulatory Body</b>	<b>Type of Regulation</b>
Medical doctor	Board of Healing Arts	Licensure
Osteopathic doctor	Board of Healing Arts	Licensure
Chiropractor	Board of Healing Arts	Licensure
Podiatrist	Board of Healing Arts	Licensure
Athletic Trainer	Board of Healing Arts	Licensure+
Naturopathic Physician	Board of Healing Arts	Registration*
Physical therapist	Board of Healing Arts	Licensure+
Physical therapist assistant	Board of Healing Arts	Licensure+
Physician assistant	Board of Healing Arts	Licensure
Occupational therapist	Board of Healing Arts	Licensure
Occupational therapist assistant	Board of Healing Arts	Licensure
Respiratory therapist	Board of Healing Arts	Licensure*+
Registered nurse	Board of Nursing	Licensure
Licensed practical nurse	Board of Nursing	Licensure
Mental health technician	Board of Nursing	Licensure
Dentist	Dental Board	Licensure
Dental hygienist	Dental Board	Licensure
Optometrist	Board of Examiners in Optometry	Licensure
Pharmacist	Board of Pharmacy	Licensure
Adult care home administrator	Board of Adult Care Home Administrators	Licensure
Nurse aide	Dept. of Health and Environment	Certification
Home health aide	Dept. of Health and Environment	Certification
Dietitian	Dept. of Health and Environment	Licensure*
Speech-language pathologist/audiologist	Dept. of Health and Environment	Licensure*
Hearing aid dispenser & fitter	Board of Hearing Aid Examiners	Licensure
Alcohol & drug abuse counselor	Behavioral Sciences Regulatory Board	Registration*
Psychologist	Behavioral Sciences Regulatory Board	Licensure
Clinical Psychotherapist	Behavioral Sciences Regulatory Board	Licensure
Master's level psychologist	Behavioral Sciences Regulatory Board	Licensure*+
Marriage & family therapist	Behavioral Sciences Regulatory Board	Licensure+
Clinical marriage & family therapist	Behavioral Sciences Regulatory Board	Licensure*+
Professional counselor	Behavioral Sciences Regulatory Board	Licensure*+
Clinical professional counselor	Behavioral Sciences Regulatory Board	Licensure
Bachelor social worker	Behavioral Sciences Regulatory Board	Licensure
Master social worker	Behavioral Sciences Regulatory Board	Licensure
Specialist clinical social worker	Behavioral Sciences Regulatory Board	Licensure
Emergency medical technician	Bureau of Emergency Medical Services	Certification
Medication aide	Dept. of Health and Environment	Certification
Body piercing	Dept. of Cosmetology	Licensure
Tattoo Artist	Dept. of Cosmetology	Licensure
Radiologic Technologist	Board of Healing Arts	Licensure* (eff. 07/01/05)
X-Ray Operator	Board of Healing Arts	Registration (eff.07/01/05)

\*HOCA review process completed.

+Level of credentialing changed by going to legislature; HOCA by-passed



Appendix 6 con't.

ADDRESS AND PHONE NUMBERS OF THE  
REGULATORY BODIES OF HEALTH CARE PERSONNEL  
CREDENTIALLED IN KANSAS – 2000

Kansas Board of Healing Arts

Lawrence T. Buening, Jr.  
Executive Director  
235 S Topeka Blvd  
Topeka KS 66603-3068  
(785) 296-7413

Kansas Board of Nursing

Mary Blubaugh, MSN, RN  
Executive Administrator  
Landon State Office Bldg, Ste 551S  
900 SW Jackson  
Topeka KS 66612-1230  
(785) 296-4929

Kansas Dental Board

Jerri A. Freed  
Administrative Director  
3601 SW 29 St, Ste 134  
Topeka KS 66614-2062  
(785) 273-0780

KS Board of Examiners in Optometry

Sharon Michel Green, OD  
Secretary/Treasurer  
3111 W. 6<sup>th</sup> Ste A  
Lawrence KS 66049  
(785) 832-9986

Kansas Board of Pharmacy

Susan A. Linn, Executive Director  
Landon State Office Bldg, Suite 513-N  
900 SW Jackson  
Topeka KS 66612-1231  
(785) 296-4056

Board of Adult Care Home Administrators

Kansas Licensed Dietitians

Kansas Licensed Speech Language

Pathologists and Audiologists

Marla Rhoden, Director  
Health Occupations Credentialing  
Bureau of Health Facilities  
1000 SW Jackson, Suite 330  
Topeka KS 66612-1365  
(785) 296-1281

KS Board of Hearing Aid Examiners

Sherry R Duperier  
MS Executive Officer  
216 1st, PO Box 252  
Wichita KS 67202-0252  
(316) 263-0774

KS Behavioral Sciences Regulatory Board

Phyllis Gilmore, Executive Director  
712 S Kansas Avenue  
Topeka KS 66603-3817  
(785) 296-3240

Board of Emergency Medical Services

David Lake, Administrator  
109 SW 6th Street, 2<sup>nd</sup> Floor  
Topeka KS 66603-3826  
(785) 296-7296